New Jersey Department of Environmental Protection Office of Quality Assurance

APPLICATION FOR CERTIFICATION OF ENVIRONMENTAL MEASUREMENTS

PART II

PERSONNEL

1.	Name of Laboratory or Facility:
2.	New Jersey Certification ID# (if issued):
3.	Name of Manager/Lead Technical Director:
	Telephone #: ()
4.	Name of Quality Assurance Officer:
	Telephone #: ()
5.	Print the name of supervisor(s) or technical director(s) next to the category supervised

5. **Print** the name of supervisor(s) or technical director(s) next to the category supervised (Personnel must meet the requirements as specified in N.J.A.C. 7:18-2.10 for ELCP or NELAC standards chapter 4 section 4.1.1 for NELAP)

Name of Supervisor or Technical Director	Category Supervised ¹	Telephone #
	Microbiological Testing SDW01, WPP01 or SHW01	
	Chemical Testing SDW02, WPP02 (except turbidity & settleable solids), CAP01 or 04	
	Chemical Testing (analyze immediately) SDW03, WPP03 or SHW03	
	Chemical Testing SDW04, WPP04, SHW04, 09, 10 or CAP02	
	Chemical Testing SDW05, 06, WPP05, 06, 07, SHW05, 06, 07, 08, 09, 10, 11, 12 or CAP03	
	Chemical Testing CLP01 or 02	
	Radiochemical Testing SDW07, 08, WPP09 or 10	
	Radon Testing (Air) RAP01	
	Toxicity Testing WPP08	

¹Refer to Part III of the application for a listing of the parameters within each category

Note: For ELCP application, if the company is only applying for Chemical Testing in analyze-immediately categories SDW03, WPP03 and/or SHW03 for residual chlorine, chlorine dioxide, residual ozone, dissolved oxygen with probe, sulfite, temperature, pH, PWTA sampling parameters and/or categories SDW02 & WPP02 for turbidity and residue-settleable, the supervisor shall have had at least three months of experience performing these tests. A degree is not required.

nuu ut reust tiir ee mone	is of emperionee p		g these tests.	i degree is	nov required.	
Note:Information requested in 6. one supervisor or technica supervisor or technical dire	l director, 6A and B belo					
6. Name of Supervisor	or Technical Direc	tor				
A. Educational Info	rmation (complete if a	pplicable)				
	INCLUDE YOUR T	<u>RANSCRII</u>	PT WITH THIS AP	<u>PLICATION</u>		
Name & Address of College or University		es Attend m To	9	Minor	Credit Hrs.	Degree ¹ and Date
B. Employment Rec	ployed, stressing y npany.	ical direc		pervised car	tegory of certifi	
itle of Position						
rates of Employment (mo./yr.) From / To /	Total Time Employed Yrs. Mos					
Full Time Part Time	If Part Time, Give Nu Hrs. Worked Per Wee					
Jame & Address of Employer			Description of App		et	
itle of Position						
ates of Employment (mo.&yr.) From / To /	Total Time Employed Yrs. Mos					
Full Time Part Time	If Part Time, Give Nu					

Note: Information requested in 7A and B below must be submitted for each QA officer for an ELCP application. If the person designated as the QA officer is listed in "6" above, you need not complete A and B below. However, you must list the name of the QA officer on line "7" below. If there is more than one QA officer, 7A and B below should be copied, completed and included with the application for each additional QA officer.

For a company that is certified or seeks to be certified in any of Categories CLP01 and 02, the QA officer shall be qualified to perform the analyses under the CLP categories of analysis. For all other Categories, the QA officer shall meet the applicable requirements of a supervisor in N.J.A.C. 7:18-2.10(b).

	superv	ISOT IN N.J.A.C. 7:18-2.10(b).
7.	Name o	of Quality Assurance (QA) Officer
	A.	Educational Information for Quality Assurance Officer (complete if applicable)

INCLUDE YOUR TRANSCRIPT WITH THIS APPLICATION

Name & Address of College or University	Dates A	Attended	Major	Minor	Credit Hrs.	Degree ¹
	From	To				and Date

¹If the degree was granted by a foreign college or university, attach a copy of the evaluation of the transcript by the World Educational Service, Inc., PO Box 745, Old Chelsea Station, New York, NY 10013 Telephone Number (212) 966-6311

B. Employment Record - For the QA officer listed in "7" above, describe each position in which s/he has been employed, stressing experience in meeting the QA officer requirements in the category of certification sought by the company.

Name & Address of Employ	/er (present position)	Description of Applicable Work ☐ check here if continued on additional sheet
Title of Position		
Dates of Employment (mo/yr.) From / To /	Total Time Employed Yrs. Mos.	
☐Full Time ☐Part Time	If Part Time, Give Number of Hrs. Worked Per Week	
Name & Address of Employ	ver	Description of Applicable Work □check here if continued on additional sheet
Title of Position		
Dates of Employment (mo.&yr.) From / To /	Total Time Employed Yrs. Mos.	
☐Full Time ☐Part Time	If Part Time, Give Number of Hrs. Worked Per Week	

☐Full Time

☐Part Time

STATE FISCAL YEAR 2006

Print the name of the operator(s) next to the instrument operated for the following areas of testing. 8. (Personnel must meet the requirements as specified in N.J.A.C. 7:18- 2.10 for ELCP)

Name of Operator(s)	Instrument	Personnel Requirement Reference
	ICP/MS	N.J.A.C. 7:18-2.10(b)5
	TEM	N.J.A.C. 7:18-2.10(b)6
	GC/MS	N.J.A.C. 7:18-2.10(b)8
	LC/MS	N.J.A.C. 7:18-2.10(b)8

			TEM	N	I.J.A.C. 7:18-	2.10(b)6	
			GC/MS	N	N.J.A.C. 7:18-	2.10(b)8	
			LC/MS	N	V.J.A.C. 7:18-	2.10(b)8	
Note: Information requisted in 8 above. copied, complete 9. Name of Instrument	If there is a	nore than led with th	one inst e applic	rument op ation for e	erator, 9A,	B and C below	_
	nal Information						
	INCLUDE YO	OUR TRANSO	CRIPT WI	TH THIS API	PLICATION		
Name & Address of College o	or University	Dates Att	tended To	Major	Minor	Credit Hrs.	Degree ¹ and Date
B. Employm	elephone Number (212	Por the ins	trument	operator li	sted in "8" a	bove, describe	each
Name & Address of Employ	er (present posi	tion)		iption of App	licable Work d on additional shee	t	
Title of Position							
Dates of Employment (mo/yr.) From / To /	Total Time Em Yrs.	ployed Mos.					
Full Time Part Time	If Part Time, G Hrs. Worked P		f				
Name & Address of Employ	rer			iption of Appl k here if continued	licable Work I on additional sheet		
Title of Position							
Dates of Employment (mo.&yr.) From / To /	Total Time Em Yrs.	ployed Mos.					

If Part Time, Give Number of

Hrs. Worked Per Week_

C. Training Course Record - (complete if applicable)

Name and Address of Company Conducting Course	Name of Course	Sponsor of Course	Dates A From	ttended To	Hrs/ week
Conducting Course			FIOIII	10	attenue
Name of Instrument Operator li	isted in 8				
Name and Address of Company	Name of Course	Sponsor of Course	Dates A		Hrs/week
Conducting Course			From	To	attended
Name of Instrument Operator li	isted in 8				
					Hrs/week
Name of Instrument Operator li Name and Address of Company Conducting Course	isted in 8Name of Course	Sponsor of Course	Dates A From		
Name and Address of Company			Dates A	ttended	
Name and Address of Company			Dates A	ttended	
Name and Address of Company			Dates A	ttended	
Name and Address of Company			Dates A	ttended	
Name and Address of Company			Dates A	ttended	Hrs/week attended
Name and Address of Company			Dates A	ttended	
Name and Address of Company			Dates A	ttended	
Name and Address of Company	Name of Course		Dates A	ttended	
Name and Address of Company Conducting Course Name of Instrument Operator li	Name of Course	Sponsor of Course	Dates A From	ttended To	attended
Name and Address of Company Conducting Course Name of Instrument Operator li Name and Address of Company	Name of Course		Dates A From	ttended To	attended Hrs/week
Name and Address of Company Conducting Course Name of Instrument Operator li	Name of Course	Sponsor of Course	Dates A From	ttended To	
Name and Address of Company Conducting Course Name of Instrument Operator li Name and Address of Company	Name of Course	Sponsor of Course	Dates A From	ttended To	attended Hrs/week
Name and Address of Company Conducting Course Name of Instrument Operator li Name and Address of Company	Name of Course	Sponsor of Course	Dates A From	ttended To	attended
Name and Address of Company Conducting Course Name of Instrument Operator li Name and Address of Company	Name of Course	Sponsor of Course	Dates A From	ttended To	attended
Name and Address of Company Conducting Course Name of Instrument Operator li Name and Address of Company	Name of Course	Sponsor of Course	Dates A From	ttended To	attende